



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/786,494

Confirmation No. 8736

Applicant : Theodore W. Reinhold

Filed : March 5, 2001

TC/A.U. : 3725

Examiner : Mark Rosenbaum

Docket No. : 2219-00100

Customer No.: 23505

RESPONSE TO FINAL OFFICE ACTION DATED JANUARY 30, 2004

Attorney Dkt. No.: 2219-00100

Date: April 28, 2004

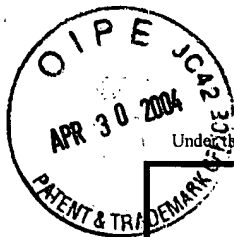
Commissioner for Patents
P. O. Box 1450
Alexandria, VA. 22313-1450

Sir:

In response to the Office action of January 30, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.



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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/786,494
		Filing Date	June 26, 2001
		First Named Inventor	Theodore W. Reinhold
		Art Unit	3725
		Examiner Name	Mark Rosenbaum
Total Number of Pages in This Submission	11	Attorney Docket Number	2219-00100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): acknowledgment postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Or Individual Name	Marcella D. Watkins 36,962
Signature	
Date	April 28, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or Printed Name	Sandra K. Begley		
Signature		Date	April 28, 2004

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